

# Education, education, disillusion?

C. Holland<sup>1</sup>

## IN BRIEF

- The General Dental Council's committee structure is being dramatically overhauled.
- The growing loss of confidence in the GDC reached a climax at the Local Dental Committee Conference in June 2011.
- The BDA remains very concerned about the lack of involvement of dental educators.

Between the end of 2009 and 2010, the General Dental Council (GDC) changed and the part appointed, part elected body which had been in place since its inception in 1957 became fully appointed. Since then, various quite radical departures in terms of its committee structure and proposals for the education and training of dental professionals have emerged. This paper reviews these developments in the wider context of the Council's role, recent record and overall accountability.

The General Dental Council's (GDC) committee structure is being dramatically overhauled. The restructuring, which began following the council meeting on 22 September 2011, is a response to recommendations made post-Shipman and designed to promote public confidence in all the health-care regulators.<sup>1</sup> At the same time, the work of the Education Committee is being transferred to the Council's Executive.

This significant change in the way the GDC functions both in terms of its committees and its processes for quality assurance of education has not been the subject of a release or newsletter item. Yet I would argue that the considerable anxiety around what is happening at the GDC means that most of its activities and decisions are relevant and should be shared, within the profession at least. Between the end of 2009 and 2010, during the transition from a GDC which was partly elected to a Council which is fully appointed, there were four registrars in the space of one year, the departure of several valuable senior staff and then earlier this year, the resignation of the first Chair of the GDC in its current incarnation.

Under some circumstances, such a rapid turnover of people at the top would not really matter if the organisation can still

manage its business effectively. But the GDC has disappointed the Council for Healthcare Regulatory Excellence (CHRE). In its report published in March of this year,<sup>2</sup> the CHRE is critical of weaknesses in the GDC's fitness to practise procedures and expresses its disappointment that the weaknesses are still evident despite assurances given in last year's audit. Most recently, the CHRE has announced it is to investigate the GDC following concerns raised by the former Chair.

## GROWING LOSS OF CONFIDENCE

The growing loss of confidence in the GDC, expressed in countless articles in the dental press, reached a climax in June when, at the Local Dental Committee (LDC) conference the Chairman, Mick Armstrong, devoted much of his conference dinner speech to what he described as 'the shenanigans' at the GDC, concluding with the sentiment: '*We seem to think that the GDC is better than the alternative but let's look at the alternative rather than ploughing our money into an endless black hole.*' His speech won a standing ovation.

But how easy is it to consider the GDC and its effectiveness when it is constantly evolving? By the time this speech was made, the restructuring of the GDC had already been set in motion. The recommendations contained in the 58 page Report of the Committee Structure Working Group (CSWG) were agreed at the May meeting of Council. The report explained that the changes were designed to address perceived failings in the current committee

structure. As a result, some of the old committees and sub-committees have been replaced by just four committees. The Policy Advisory Committee is to assist the Council in developing policy for: fitness to practise, registration, standards, education and the dental complaints service.

All the old committees have now gone with the exception of the Education Committee which is continuing to meet because its functions cannot be delegated to the Chief Executive without a change in the rules. From 8 December 2011, the date of the next council meeting, it will be the Chief Executive who will take over the Education Committee's responsibility for quality assurance of new and existing education programmes and qualifications, with input from an advisory panel.

In addition to the new Policy Advisory Committee (PAC), there are three other committees: audit, remuneration, financial and business planning. Their work will be supported by a new concept: Task and Finish Groups, set up with a defined life and remit to take over the role of working and advisory groups. The way that this restructuring has been set in motion, without any apparent reference to stakeholders, especially stakeholders in education, is of great concern.

It is interesting to look at why, according to the GDC, the previous committees were failing. Among the reasons itemised in the CWSG report are the following:

- Lack of clarity about the remit of the committees as well as the authority of the committees, the executive and the Council

<sup>1</sup>Specialist dental writer and media advisor  
Correspondence to: Caroline Holland  
Email: caroline@carolineholland.eu

Refereed Paper  
Accepted 18 October 2011  
DOI: 10.1038/sj.bdj.2011.960  
©British Dental Journal 2011; 211: 455-456

- Committees too focused on operational detail rather than strategic oversight – and too small in size
- Evidence of duplication and silo-working.

But are these problems solely attributable to structure? Might they not be a reflection of the general malaise at an organisation which has so evidently been beset by a battery of change? Why not try and address these problems in the first instance – with better communication as an example, before opting for the major restructuring which introduces yet more change? And taking the example of fitness to practise, the activity central to the concerns of the CHRE, might it not be pragmatic to iron out the weaknesses in the operation as a priority before involving a new committee? These questions are pertinent given the Council's own concerns about the changes. The CSWG report outlined the potential risks inherent in the restructuring and these seem self-evident: that the new Policy Advisory Committee, the one that takes on the council's key functions, becomes a council within a council with an unmanageable workload. Instead of delaying or reviewing the restructuring, the Council has decided it will work instead to 'mitigate' the problems that it has identified. Mitigate is not a promising word.

## NO CONSULTATION?

Elsewhere in the Council's communications there is considerable emphasis on consultation. So why did it go about its plans for restructuring without, apparently, seeking the views of those who engage with the Council committees? The stakeholders who are most keen to inform and advise.

The Council regularly undertakes consultations on other issues: teeth whitening, scope of practice and educational outcomes, to name a few. Surely the way in which it engages with the profession through its committees might have been a matter for dissemination and the opportunity to comment, at least? Among those who have expressed their concern to me at what is taking place at the GDC are the British Dental Association (BDA) and the Faculty of Dental Surgery of the Royal College of Surgeons.

Dr Judith Husband, Chair of the BDA's Education and Standards Committee, said: 'The BDA remains very concerned about

the lack of involvement of dental educators in determining where responsibility for education is to sit at the GDC. It is essential for the GDC to consult in a meaningful way with those who are involved in education. We are concerned that the existing mechanism is not robust enough to ensure that this involvement takes place'.

Kathy Harley, Dean of the Faculty of Dental Surgery of the Royal College of Surgeons of England commented: 'The GDC is clearly going through a lot of change and there is more to come. We are particularly concerned to hear of the committee changes with the resultant loss of the Education Committee. Education and training are crucial for the profession and our ability to deliver appropriate, safe dental care. The Faculty very much hopes it can work closely with the GDC to ensure standards are maintained'.

Meanwhile, dental education is preparing itself for its own shake-up. The two sets of guidance for the education of dental registrants, *The first five years* (for dentists) and *Developing the dental team* (for dental care professionals), are to be replaced by one document:<sup>3</sup> *Dental team learning outcomes for registration* with content approved by the Education Committee. The report of the consultation tells us that the new educational approach based on learning outcomes had 'a high level of support', although the majority also felt they could be improved. Among the quotations taken from responses, there are obvious concerns: 'We welcome new educational guidance but feel that the document could have been more progressive in its approach, as it is rather vague in some areas. While we recognize that this allows some flexibility for education providers, it unfortunately may enable a lower standard of education to be provided than is currently delivered...'.

The Dental Schools Council (DSC), the organisation representing all the dental schools, did not mince their words in the response published on their website:<sup>4</sup> 'Our interpretation of the Outcomes document suggests less emphasis on, and prescriptive requirement for, some aspects of biomedical sciences teaching such as biochemistry and microbiology, both of which are fundamental to an understanding of common oral diseases and therefore required for patient needs and safety. Our interpretation of the documents also suggests less emphasis on the teaching

of Human Disease, which we also consider to be detrimental to patient needs and safety. The many omissions raise questions as to whether these are deliberate and therefore teaching of eg biochemistry, cysts, salivary gland disease, are no longer necessary'.

The DSC is not at all reassured by the new approach to education, as this comment from their response illustrates: 'The content and format of the Learning Outcomes represents a major departure from The First Five Years (2002), and continues to be of surprise to the Dental Schools Council, despite previous comments shared with the GDC. We are uncomfortable with the use of the Learning Outcomes in its present form as a basis for a regulatory document. The Learning Outcomes lack understanding of clinical academia, or the teaching of clinical dentistry to undergraduates and postgraduates'.

It is clear that on many levels, the dental profession needs reassurance from the GDC. The election of Kevin O'Brien as Chair must surely help. He is Professor of Orthodontics at Manchester Dental School and has been a Dean and a Vice-Dean. He has previously worked with the GDC in the roles of chair of the specialist dental education board and a member of the strategic review of undergraduate training.

The BDA has welcomed Professor O'Brien's appointment as a positive step: Dr Susie Sanderson, Chair of the BDA's Executive Board, has said: 'Professor O'Brien has clearly been elected at a challenging time. He faces a number of significant issues that he will need to help the GDC address. We wish him every success as he undertakes his duties'. One of the most important challenges he faces is winning the trust and confidence of the dental profession. A challenging time indeed.

1. Department of Health. *Implementing the White Paper Trust, Assurance and Safety: Enhancing confidence in healthcare professional regulators*. Report of a working group chaired by Niall Dickson. June 2008. [www.gnpscot.org.uk/repdirect/rd774.pdf](http://www.gnpscot.org.uk/repdirect/rd774.pdf)
2. The Council for Healthcare Regulatory Excellence. *Performance review report: Changing regulation in changing times 2010/11*. June 2011. [http://www.chre.org.uk/\\_img/pics/library/110623\\_Final\\_-\\_CHRE\\_Performance\\_Review\\_report\\_2010-11\\_\(Colour\\_for\\_web\\_-\\_PDF\\_version\).pdf](http://www.chre.org.uk/_img/pics/library/110623_Final_-_CHRE_Performance_Review_report_2010-11_(Colour_for_web_-_PDF_version).pdf)
3. General Dental Council. *Outcomes for registration*. May 2011. [http://www.gdc-uk.org/GovernanceandCorporate/TheCouncil/Documents/Item%2012%20Enc%2011%20\(i\)%20Learning%20outcomes%20publication.pdf](http://www.gdc-uk.org/GovernanceandCorporate/TheCouncil/Documents/Item%2012%20Enc%2011%20(i)%20Learning%20outcomes%20publication.pdf)
4. Dental Schools Council. Dental Schools Council response – FINAL GDC Learning Outcomes. Consultations Questions – responses due by 3 December 2010. [www.dentalschoolscouncil.ac.uk/documents/DSCresponsetoGDCOutcomesConsultationweb.pdf](http://www.dentalschoolscouncil.ac.uk/documents/DSCresponsetoGDCOutcomesConsultationweb.pdf)